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இலங்கை தேசிய கைத்தொழில் சம்மேளனம்
THE CEYLON NATIONAL CHAMBER OF INDUSTRIES
(INCORPORATED BY ACT OF PARLIAMENT NO. 10 OF 1969)
Apt. No. 20, First Floor, Galle Face Court - 2, P. O. Box 1775, Colombo - 03, SRI LANKA
Telephone : 00 9411 2331444 / 00 9411 2452181, Fax : 00 9411 2331443
E Mail : cnci@sl.lk Website : www.cnci.biz

**REGISTRATION AS AN APPLICANT FOR THE
ISSUANCE OF CERTIFICATE OF ORIGIN (COOs)**
(Information to be typewritten. Use separate sheets if necessary)

1. COMPANY NAME		ORGANISATION TYPE :	
		Public Limited Co. <input type="checkbox"/>	Sole Proprietor <input type="checkbox"/>
		Private Limited Co. <input type="checkbox"/>	Other (Specify) <input type="checkbox"/>
		Partnership <input type="checkbox"/>	
2. ADDRESS		FACTORY:	
OFFICE:		Tel:	
Tel:		Fax:	
Fax:		E-mail:	
E-mail:		Contact Person:	
Contact Person:			
3. A. NAMES OF THE DIRECTORS/PARTNERS/PROPRIETORS. (Please attach copy of F48/BR)			
B. NAME OF THE CHIEF EXECUTIVE OFFICER/MANAGING DIRECTOR:			
4. BUSINESS REGISTRATION NO: (Attach copy)		Membership/Registration No. with CNCI or other Trade Organizations / Associations:	
Whether Company is enjoying BOI benefits? If Yes, Please attach copy of BOI Registration			
Yes <input type="checkbox"/>		No <input type="checkbox"/>	
5. TYPE OF BUSINESS			
Manufacturing <input type="checkbox"/>		Exporter <input type="checkbox"/>	
		Trader <input type="checkbox"/>	
6. DETAILS OF THE MANUFACTURING/EXPORTING ITEMS AND RELEVANT HS NOS:			
7. BRIEF DESCRIPTION OF MANUFACTURING PROCESS:			
8. A. DETAILS OF THE RAW MATERIALS (LOCAL/IMPORTED) used for the manufacturer of the item/s:			
B. LOCAL VALUE ADDITIONAL %			
9. EXPORTING COUNTRIES:			
10. DETAILS OF THE PERSON WHO IS AUTHORIZED TO SIGN COOs:			
a) Name:			
b) Designation :			
c) Tel:		Fax:	E-Mail:
d) Specimen Signature:		Official Stamp:	
11. DETAILS OF THE PERSON WHO SUBMITS AND COLLECT COOs:			
a) Name:			
b) Address:			
c) Tel:		Fax:	E-Mail:
d) If the certificates are submitted and collected by authorized forwarding agent please provide details			
a) Name:			
b) Address:			
C) Tel:		Fax:	E-Mail:
Please ensure that all questions have been answered in full, before signing the application. I hereby state that the above-furnished details are correct and accurate to the best of my knowledge. I understand that any wilful misinformation renders me liable for cancellation of registration.			
Signature:		Official Stamp:	
Name:			
Designation:		Date:	